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<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		Docket Number (optional)
I hereby declare that:		
The residence, mailing address and citizenship of the inventors are stated below.		
I am authorized to act on behalf of the following assignee: <u>BASF Aktiengesellschaft</u> and the title of my position with said assignee is: <u>Director</u>		
The entire title to the patent identified below is vested in said assignee.		
Inventor <u>Klaus-Juergen Pees</u>		Citizenship Germany
Residence/Mailing Address <u>Mainz, Germany</u>		
Inventor <u>Guenter Krummel</u>		Citizenship Germany
Residence/Mailing Address <u>Vendersheim, Germany</u>		
<input checked="" type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto.		
Patent Number <u>6,255,309</u>		Date of Patent Issued <u>July 3, 2001</u>
Title of Invention <u>FUNGICIDAL TRIFLUOROMETHYLALKYLAMINOTRIAZOLOPYRIMIDINES</u>		
I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled: <u>FUNGICIDAL TRIFLUOROMETHYLALKYLAMINOTRIAZOLOPYRIMIDINES</u>		
the specification of which		
<input checked="" type="checkbox"/> is attached hereto.		
<input type="checkbox"/> was filed on _____ as reissue application number _____ / _____ and was amended on _____ (If applicable)		
I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.		
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.		
I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)		
<input type="checkbox"/> by reason of a defective specification or drawing.		
<input type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.		
<input checked="" type="checkbox"/> by reason of other errors.		

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (Optional)																								
At least one error upon which reissue is based is described as follows:																										
<p>Priority of application Serial No. 08/843,323, filed April 14, 1997, and PCT/US 98/05615, filed March 23, 1998, was not claimed in the application which issued as US 6,255,309, by inadvertent oversight and unintentional error.</p>																										
[Attach additional sheets, if needed.]																										
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.																										
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.																										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Name(s)</td> <td colspan="2" style="width: 60%;">Registration Number</td> </tr> <tr> <td>Herbert B. Keil</td> <td colspan="2">18,967</td> </tr> <tr> <td>Jason D. Voight</td> <td colspan="2">42,205</td> </tr> <tr> <td colspan="3">and all other attorneys/agents associated with Customer Number 26474.</td> </tr> </table>			Name(s)	Registration Number		Herbert B. Keil	18,967		Jason D. Voight	42,205		and all other attorneys/agents associated with Customer Number 26474.														
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Correspondence Address: Direct all communications about the application to:																										
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><input type="checkbox"/> Firm or Individual Name</td> <td colspan="3">Keil &amp; Weinkauf</td> </tr> <tr> <td>Address</td> <td colspan="3">1350 Connecticut Avenue, NW</td> </tr> <tr> <td>Address</td> <td colspan="3">Suite 1100</td> </tr> <tr> <td>City</td> <td>Washington</td> <td>State</td> <td>DC</td> </tr> <tr> <td>Country</td> <td colspan="3">Zip 20036</td> </tr> <tr> <td>Telephone</td> <td>(202) 659-0100</td> <td>Fax</td> <td>(202) 659-0105</td> </tr> </table>			<input type="checkbox"/> Firm or Individual Name	Keil & Weinkauf			Address	1350 Connecticut Avenue, NW			Address	Suite 1100			City	Washington	State	DC	Country	Zip 20036			Telephone	(202) 659-0100	Fax	(202) 659-0105
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<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>																										
Full name of person signing (given name, family name)																										
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